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## FAX COVER SHEET

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FAX NUMBER 15712738300

FROM G2 Technology Law

DATE 2008-07-15 21:52:35 GMT

RE App Serial No. 10/603,581 65 pages total

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## COVER MESSAGE

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See attached RCE after Allowance with IDS and Fee charge Authorization.

—  
Heinz Grether PC  
G2 Technology Law  
512-389-3821  
512-750-5847 mobile  
HGrether@G2TechLaw.com

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# G2 Technology Law

HEINZ GRETHER PC & GREG GOSHORN PC  
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AUSTIN, TEXAS 78704

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## FACSIMILE TRANSMITTAL SHEET TO THE COMMISSIONER OF PATENTS USPTO

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ATTN: Commissioner of Patents FAX NO: 571-273-8300

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FROM: Heinz Grether PC (Cust. No. 58,417) DATE: 15 July 2008

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RE: Copy of response with return receipt postcard

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APPLICATION OUR REFERENCE NO: MNKYP004B  
RIAL NO 10/603,581

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65 (Total Number of Pages Including Cover)

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Attached Please find the following documents

1. Fax Cover (2)	5. Fee Calculation (1)
2. Transmittal Form (1)	6. Charge Authorization (1)
3. Request for Continued Examination (1);	
4. Information Disclosure Statement; (2)	
a. Form 1449 (5)	
b. Copy of Non-Patent References (52)	

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date stated below

Date: 15 July 2008

  
Heinz Grether  
hgrether@g2techlaw.com  
512-389-3821  
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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**990.00**

Complete if Known

**10/603,581**Filing Date  
**24 June 2003**First Named Inventor  
**Gould**Examiner Name  
**Meky, Moustafa M.**Art Unit  
**2157**Attorney Docket No.  
**MNKYP004B****METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=		200	100

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

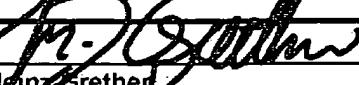
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **\$810 RCE & \$180 IDS Fee****\$990.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	<b>34,611</b>	Telephone <b>512-570-5847</b>
Name (Print/Type)	<b>Heinz Grether</b>			Date <b>MNKYP004B</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.